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VOL. XI JANUARY, 1902. No. 5.

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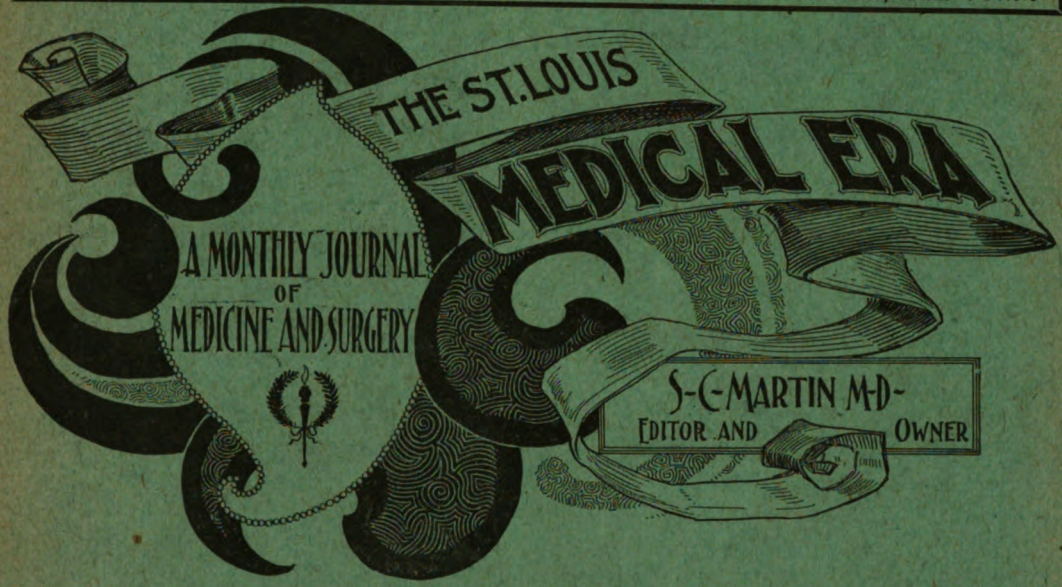

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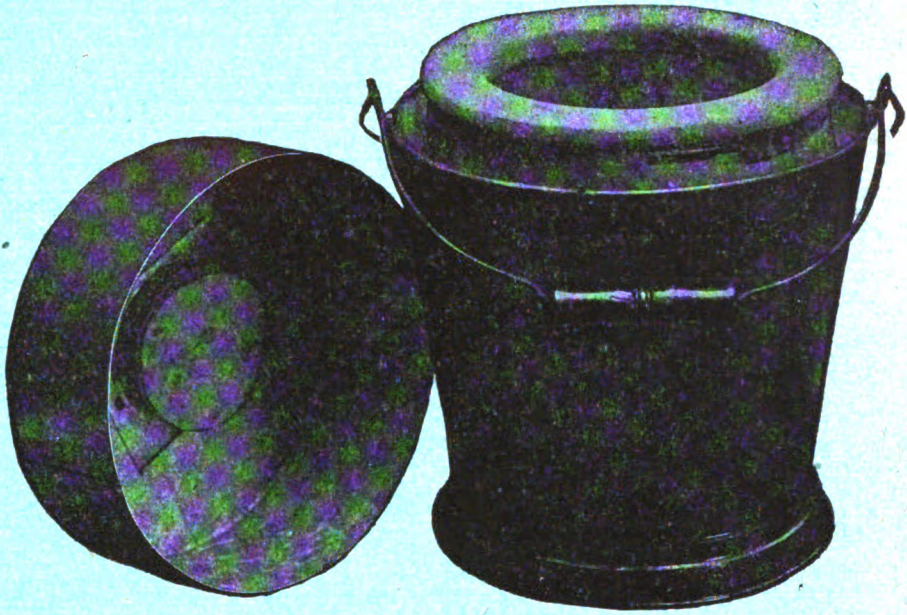

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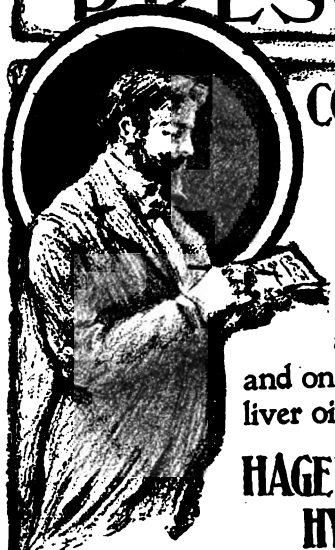

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"	Iron . . .	1¼ gr.
"	Quinine . .	¾ gr.
"	Manganese.	1½ gr.
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Dose—One to four fluidrachms.

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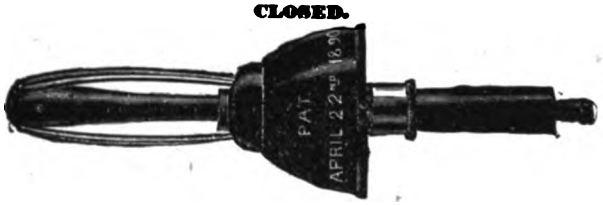

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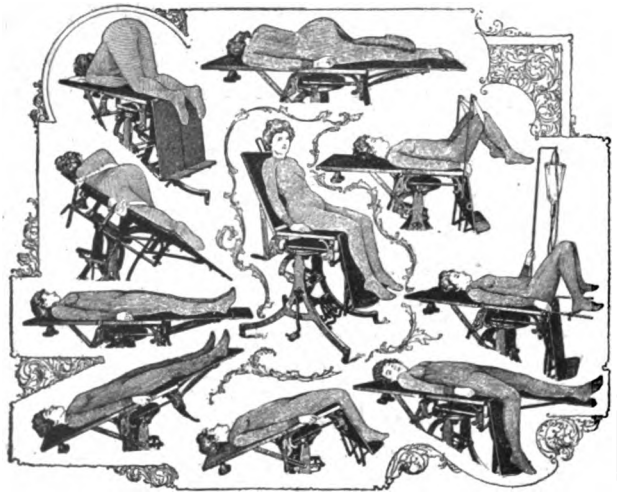

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THE
ST. LOUIS MEDICAL ERA.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XI. JANUARY, 1902. NO. 5.

CLINICAL OBSERVATIONS ON THE VASOGEN COMPOUNDS IN A VARIETY OF CUTANEOUS DISEASES.

By S. C. Martin, M. D.,
Professor of Dermatology, Barnes Medical College, St. Louis.

Before taking up the above subject it is proper to state that success in the treatment of skin diseases depends upon the physician's knowledge of the history and habits of the patient, his physical condition, exact nature of his disease, its cause and best means of cure.

He must realize that he is treating the *patient*, not a stereotyped disease. Very often, without knowing there was a skin disease, but discovering abnormal conditions of the system and correcting them, the physician has unwittingly cured a disease which previously had resisted all other methods of treatment. This and many other circumstances we might adduce show that ordinarily diseases of the skin spring from disorders within the body, and to these disorders our correctives must be mainly addressed.

This, however, does not imply that in such cases local treatment is unworthy of serious consideration, for local lesions beginning in systemic disturbances may continue almost indefinitely after such causes have ceased to operate, especially when external influences interfere with the healing process. Local diseases, of course, require in the main local treatment, but proper utilization of the co-operative forces of general and local therapy is indispensable to successful results in the management of skin diseases. In any case, one or the other may play a subordinate role, but in few can either one be entirely ignored without detriment to the patient.

Next in importance to the above requirements is a judicious

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selection of medicinal agents. The essential points in drugs are a proper chemical composition and solubility. They must be adapted to the needs of the case and convertible into a form for speedy absorption and assimilation. This requirement is not so readily met in external as internal medication, for the reason that the skin was intended to protect the body from the introduction of substances injurious to the organisms.

External remedies are used in a variety of forms, such as powders, ointments, oils, pastes and lotions. There is a diversity of opinion among dermatologists as to the comparative merits of these different forms of medication. There is especially a strong prejudice among many against ointments. The writer has to some extent shared this prejudice, but in many forms and localizations of skin eruptions nothing else will answer as good a purpose. For soothing and continuous effect and convenient use in many cases no other method of medication compares with an ointment. For many years I have preferred vaseline as a base. It is adapted to a wider range of cases than any of the oils or fats in common use. Its penetrating qualities are far superior to those of lanoline, adeps lanæ, glycerine, cod-liver oil, olive oil, almond oil, cocoa butter or spermacetti. But it is objectionable in some respects. It is not always stable in composition. In its manufacture it is not always freed of impure paraffin oils, and may irritate the skin. Fortunately we have in vasogen and the vasogen compounds a line of preparations which is destined to replace many of the ointments, ointment bases and liquid preparations formerly in general use.

Vasogen is an oxygenated hydrocarbon, which acts as a neutral solvent, and eliminates from many of the drugs incorporated with it their irritating properties, and also converts them into a form to be readily absorbed. The liquid vasogen compounds can be used both externally and internally in cases where the inspissated forms are inappropriate. The liquid preparations are also furnished in capsules for those who prefer this method of administration. The inspissated form can be employed as an ointment base with which a large variety of medicaments may be specially combined to meet different pathological conditions. Thus we have in vasogen a therapeutic resource which meets a multiplicity of wants in the treatment of disease. I have recently tested it in sixty cases of skin diseases with uniformly favorable results in the outcome of the diseases, and evidence

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from urinary analysis that the drugs in every case were promptly absorbed. Several of these clinical cases are herewith reported.

CASE 1.—Female, age twenty-five; health fairly good; two rings, each about two inches in diameter on back of neck. Crescentic-shaped lesion on face. Gives history of syphilis. No other lesions on body. Diagnosis: annular syphilide. Had taken mercury and iodide of potassium for several months with improvement of general condition, but the above lesions remained.

Prescribed ten-drop doses of iodine-vasogen three times a day, and applied to the lesions daily two drachms of mercury-vasogen ointment fifty per cent. strength. In three weeks lesions had disappeared and skin had regained its normal appearance. This case is still under treatment, but presents no signs of the disease. In similar cases I have applied mercurial ointment to lesions and given iodide of potassium, but results were tardy, and treatment less satisfactory to patients.

The method of applying the mercury-vasogen ointment was first to cleanse with soap and warm water the affected parts, rub in a small part of the ointment, and apply balance on lint. The above lesions were late developments of the disease, which yield readily to suitable methods of mercurial inunction and internal administration of iodine.

CASE 2.—Male, age thirty-five; history as follows: Two years prior to this date patient was treated by writer for syphilis. No local evidence of a primary lesion was visible, but a typical macular syphilide covered the abdomen and chest. He had a slight erosion of the tip of the tongue and erythematous condition of the throat. His physical condition was good. He was under my treatment or observation for a year, and had apparently recovered from the disease. His business at this time called him to a distant city, but before leaving I outlined a treatment for him to follow during his absence from home. My advice was only partially followed. A year later he came back with an enormously enlarged testicle. It was a syphilitic orchitis, and one of the late sequels of syphilis. Prescribed eight-drop doses of iodine-vasogen three times a day, alternated with ten drops of antimonial wine. Mercury-vasogen ointment fifty per cent. was thoroughly rubbed into the testicle and thickly spread on lint, which was applied, kept in place by an athlete bandage. This bandage lifted the testicle, relieved tension of the cord, and also exerted a com-

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pressing effect which hastened absorption of exudates. The testicle rapidily diminished in size and became soft and pliant, and in less than a month almost entirely regained its normal condition. This patient was now advised to take small doses of mercury (blue mass) alternately with an iodine-vasogen capsule, seven and one-half min., from one to two or three times daily according to developments of case. The mercury-vasogen ointment in this case was rapidly absorbed without producing perifolliculitis, as frequently happens from the employment of the ordinary mercurial ointment.

CASE 3.—Male, aged twenty-five years. Physical condition favorable. Large flat papules from pea to finger-nail size, covered forehead, and were grouped in patches on various parts of the body. Mucous patches or condylomata were found around mucous orifices and genitalia. Skin manifestations appeared about three months after infection. Primary lesion had disappeared under local treatment. Diagnosis: large papular syphilide. Prescribed mercury-vasogen soft capsules fifty per cent., three grammes each; contents of one capsule to be applied to the forehead every night, and calomel to condylomata; ordered suitable diet and enjoined proper hygiene. The papules rapidly disappeared on the forehead and other parts of the body by fatty degeneration and absorption, leaving slight pigmentation which in six weeks had nearly faded away. This patient is still under treatment, but shows scarcely any marks of the disease.

CASE 4.—Female, aged twenty-two. Physical condition poor. Has neurotic tendencies; nutrition impaired by reason of gastric and intestinal derangements. Menstruation irregular. Complains of disagreeable odors emanating from axillæ and feet. Perspires constantly and profusely in the regions mentioned. Diagnosis: bromidrosis. Prescribed tablets of arsenic, grain one-fiftieth; strychnia, grain one-sixtieth; iron by hydrogen, grains two. One tablet three times a day after meals. Ordered lotion of chloride of lime half ounce to water one pint. The affected parts were sponged three times per day with this lotion, and beta-naphthol-vasogen was applied on lint at night. In the morning the parts were washed with warm water and naphthol soap before applying lotion of chloride of lime. This young woman, who had undergone various treatments for two years without benefit, was in six weeks entirely relieved of her trouble, without any return of the symptoms after a discontinuance of the treatment

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for over a month. It may be premature to claim that she is radically cured, but the complete arrest of all the disagreeable symptoms for over a month after treatment was discontinued is at least a very favorable indication.

What influence was exerted in the case by the beta-naphthol-vasogen cannot be fully determined, but in other cases where it was not employed in connection with the same remedies the results were much less satisfactory.

CASE 5.—Male, age twenty-three years; occupation machinist; general health good. Face thickly set with comedones, papules, tubercles, pustules and punched-out scars. Back, shoulders and chest covered with same character of lesions. Had been troubled more or less with this eruption for two years. Lesions would come in crops, disappear by absorption or ulceration and be followed by others. Outside of the regions mentioned the skin was smooth and healthy. Diagnosis: acne vulgaris. Prescribed saline aperients, which were later followed with tablets of aloin, strychnia and cascara sagrada. Restricted diet to fruit, vegetables, milk and limited allowance of meat. Employed fomentations and sedative lotions until local irritation and inflammation subsided. Now commenced scrubbing the affected parts with warm water and soap. Washed them afterwards with clear warm water. Evacuated pustules and pressed out comedones. Arsenic was now prescribed in small doses and a tablespoonful of glycerine given three times a day. As there was some induration in places both on face and back I applied mercury-vasogen ointment to such spots for several days until this disappeared. I then completed local treatment with sulphur-vasogen, by rubbing it in well at night and washing with soap and water in the morning. The above treatment was continued six weeks, when patient was discharged. His skin was now smooth and free from any marks of the disease, except here and there a few atrophied scars resulting from ulceration of the derma.

CASE 6.—Female, age sixty-two years; general health good. Suffers from obstinate constipation. Is fond of meat and coffee, partaking of both three times a day. The skin in flexures of both elbows, and on side of neck three or four inches in length and two in width, red, swollen, dry, infiltrated, hot, and accompanied by more or less itching. Skin on other parts of the body in normal condition. Diagnosis: erythematous eczema.

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Prescribed:

℞ Magnesia sulph ..... ℥ ij
Potassa bitart ..... ℥ ss
Potassa acetatis ..... ℥ ij
Syr. sarsa ..... ℥ iv
Aqua pura ..... ℥ iv
M. Sig.—Take a tablespoonful three times a day. Light diet, no coffee, very little meat.

For external use prescribed:

℞ Vasogen ..... ℥ ij
Zinc oxide ..... ℥ ss
Salicylic acid ..... ℥ ss
M. Sig.—Sufficient quantity to be rubbed into the affected parts, and applied on lint three times a day.

In a week the itching and inflammatory process had subsided, but skin was still infiltrated. Now directed ordinary toilet soap to be soaked in hot water and rubbed on the diseased skin until a considerable coating of soap remained. This was to be left on over night and washed off in the morning, when the following ointment was to be applied:

℞ Tar-vasogen ..... ℥ ij

Some of this was to be spread on lint and applied morning and night. The following was substituted for the saline aperient:

℞ Aloin ..... grs. iij
Ext. cascara sag ..... ℥ ss
Ext. belladonna ..... grs. iij
Arsenic ..... gr. ss
Strychnia ..... gr. ss
M. Capsules No. xxiv. Sig.—One to be taken three times a day after meals.

In two weeks patient was entirely relieved of itching, and the skin, with exception of a little tenderness, had regained its normal condition. The capsules were continued for a while longer, and vasogen with two drachms of zinc oxide to the ounce added was ordered to be applied until skin resumed its natural color and healthy condition.

CASE 7.—Male, age twenty-nine years; occupation, carpenter, health, fairly good; habits, irregular; indulges freely in alcoholic beverages. Examination revealed several circular patches varying from an inch to two inches in diameter on the elbow and back; composed of bright epithelial scales, situated on an elevated, red, thickened base. The eruption was accompanied by slight itching. Diagnosis: psoriasis. Ordered light diet, allowed no alcoholic drinks, and prescribed:

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℞ Potassa acet ..... ℥ ss
Spts. etheris nit ..... ℥ ij
Vini colchici ..... ℥ ij
Syr. aurantii ..... ℥ ij
Aqua menth. p. vir ..... ℥ ij
Liq. potassa arsenitis ..... ℥ iss
M. ft. sol. Sig.—Take dessertspoonful three times a day after meals.

The spots were to be washed thoroughly with hot water and soap. The scales were all to be removed in this way, and the soap dipped in hot water and rubbed on the affected places until covered with a coating. This was to remain twelve hours and be washed off with hot water. Ordinary toilet soap to be used, but the washing or scrubbing to be thorough. Now, tar-vasogen was ordered to be rubbed into each spot and afterwards dressed with the same spread on lint. The soap treatment to be alternated with the tar-vasogen as above ordered until the thickened skin was reduced to the normal condition, then the latter continued with only a daily washing of the lesions with soap and water. Under the above treatment the patient rapidly recovered, and with instructions to guard against a recurrence of the disease, at the end of the third week was discharged.

CASE 8.—Male, age forty-five; occupation, gardener. General health fairly good. Intemperate in use of alcoholic stimulants. Complained of intolerable itching in various parts of the cutaneous surface. Examination revealed an isolated millet-sized papular eruption over the extensor surfaces of the lower extremities and abdomen. The papules were of a pale red color, accuminated and in many places covered with firm thin crusts. Patient had been troubled with eruption for two years. It never changed into vesicles or pustules, but persistently retained the form of papules. Diagnosis: papular eczema. Prescribed alkaline diuretics and saline aperients. To each dose of latter added five drops of Fowler's solution of arsenic, to be taken three times a day. Cut off supply of alcoholic stimulants, ordered light digestible food. The local treatment consisted of a free use of green soap and hot water as preliminary step to the application of medicinal agents. The area of the disease was so extensive that ointments were inconvenient to use. Therefore, the following preparation was painted over most of the surface involved:

℞ Zinc oxide ..... ℥ j
Mucilage acacia ..... ℥ j
Glycerine ..... ℥ j
Salicylic acid ..... ℥ ss
M.

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A small area which seemed to be most troublesome to the patient was reserved for testing salicylic acid-vasogen ten per cent. This was first well rubbed into a spot about the size of a hand, and afterwards applied on lint, and renewed morning and night. The internal treatment and these two methods of external treatment were continued for nearly a month with more or less daily improvement. A noticeable difference in favor of the vasogen ointment was shown at the end of the first week. Where it was applied the hair follicles were more involved than at any other points, and consequently the eruption here would be less likely to yield promptly to treatment. Still this portion of the diseased surface improved more rapidly than that treated by the mucilaginous preparation. In less than three weeks the former area had regained a healthy condition, whereas the latter was not restored to normal health until a week later. I regard this as a good test of the comparative merits of these two remedies. The patient was entirely relieved and discharged after having undergone the above treatment thirty days.

SOME OBSTINATE BLADDER CASES.

By George F. Hopkins, M. D.

John C., æt. thirty-one; occupation, patrolman. Following exposure, patient experienced bladder symptoms as follows:

Frequent urination, tenesmus, hypogastric pain and a temperature of 101.4°.

The urine was scanty, turbid and loaded with mucus.

Diagnosis—Acute cystitis.

Treatment consisted of rest in bed, restricted diet, anodynes for the tenesmus, diluent and alkaline drinks.

The acute symptoms promptly subsided, but the urine continued abnormal despite the general measures employed and the internal administration of salol, boric acid and urotropin.

Irrigation with boric acid solutions of varying strength proved unsatisfactory, as did also solutions of potassium permanganate and silver nitrate similarly applied.

A twenty per cent. solution of glyco-thymoline was then substituted for irrigation, and the improvement was marked and continuous until recovery was perfect.

Harry R., æt. forty-three; occupation, book-keeper. Had a history of bladder trouble of several years' duration.

His urine was blood-tinged and loaded with urea.

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Microscopic examination revealed an abundance of ammonia, magnesium phosphates, numerous disintegrating pus corpuscles, blood corpuscles and blood shadows.

Repeated examination with the sound gave negative results, but a skiogram taken with a high vacuum hard tube revealed a small calculus which had persistently evaded the sound in previous examination. Lithotomy was performed and the calculus removed, but the urine failed to return to normal.

Irrigation in turn with hydrozone, boric acid, potassium permanganate and silver nitrate solutions showed little improvement.

Glyco-thymoline irrigations proved satisfactory from the start, and recovery was ultimately perfect.

William L., æt. fifty-five; occupation, saloonkeeper. Had a history of repeated attacks of gonorrhœa which were never appropriately treated.

Urine was voided with great difficulty at frequent intervals and loaded with mucus. Reaction was alkaline, and microscope revealed an abundance of amorphous phosphates of calcium and magnesium, flat epithelial cells, disintegrating pus corpuscles and indigo crystals.

Examination confirmed diagnosis of chronic cystitis due to urethral stricture and hypertrophied prostate.

Catelectrolysis by the slow method removed the strictures, and Bottini's operation relieved the enlarged prostate, but the urine failed to clear up as desired.

The cystoscope showed marked changes in the bladder-walls, but catheterization of the ureters yielded negative results.

Urotropin was administered internally and creolin and silver nitrate solutions by vesical irrigation with only slight improvement.

Irrigations with twenty per cent. solutions of glyco-thymoline gave early and continuous improvement until recovery was perfect.

Cleveland, Ohio.

TREATMENT OF HICCOUGH.

By W. S. Hoy, M. D.

Without attempting to offer any of the many causes which lead to the manifestation of the troublesome complaint called hiccough, I desire to call attention to a very simple treatment,

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which, in one of the most obstinate cases of this character I have ever dealt with, gave the most pleasing and prompt relief. We can seldom pick up one of the daily papers without seeing a case of *persistent* hiccough recorded which has baffled the attempts of every form of treatment. Our current medical literature contains numbers of contributions regarding the best therapeutics in this complaint. We are certainly mindful of the very wide range in the mechanical as well as the medical measures resorted to in order to fight this annoying trouble. I shall not speak in this article of those cases which are the result of hysterical manifestations, but refer more especially to those cases due to some irritation of the nerves of the stomach—a reflex spasm, involving the sensory branches of the vagus and motor fibers of the phrenic. We frequently are alarmed at the sudden manifestation of hiccoughs after some sudden injury, and I am frank to say I never have in twenty-five years seen a single case of severe *traumatism*, in hospital or private practice, that was (shortly after the injury) seized with simply moderate hiccough that did not die. I have always watched this one especial symptom in giving an opinion regarding the prognosis in cases of *injury*.

We are aware, also, that persistent hiccough occurs in a large number of fatal maladies, and is due to the enfeebled stomach being dilated with gas sufficiently to make an upward pressure on the diaphragm. Hiccough may occur in frequent affections of the abdominal viscera, entirely independent of the stomach. I presume a number of very careful physicians have met cases obstinate in character, in which the most careful and searching investigation failed to reveal any absolute certain explanation (causative) of the condition. It is this class of obscure cases—these "I wonder what could cause the attack to so obstinately persist"—in which every variety of treatment (not only of the physician) is tried, but every old grandma and "hoodoo" is consulted. I should dislike to be forced to enumerate the thousand and one remedies I have in my professional life heard mentioned to "be a sure cure for the hiccoughs."

Before mentioning the case which I desire to report very briefly, I will mention a few of the more recently advocated forms of treatment. Every physician and every layman has, from the beginning of time, given a glass of water to be sipped for this trouble. We frequently give ammonia aromat. spirits or chloroform or musk, injections of morphia, apomorphia and other

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emetics, nitro-glycerine, hyoscine, aspirin, and atropine, etc. Dr. George Shrady, in an editorial, sums up the following common procedures in the management of a case: Take a deep inspiration and hold the breath for some time. Another is to bend the head forward as far as possible, and press firmly on the base of the thorax. This is called relaxing the diaphragm. Still another much-recommended measure is to lay the patient upon a bed, and place under his back a number of hard pillows, so that the spinal column will be bent backward. The head is then forcibly extended as far backward as possible, and this position is maintained for a half hour or longer, if requisite. This is called *stretching* the phrenic nerve. Another measure that has been recommended is that of taking a swallow of water in the mouth, pressing the fingers tightly into the ears, and then swallowing; this process being repeated as exigencies require. Spontaneous tongue traction (pulling the tongue thoroughly and well out of the mouth) has, in a number of instances, given satisfactory results. Protruding the tongue in a regular rhythmical manner while the attack is on, is said to stop the attack, owing to reflex action upon the bulbar-respiratory center. I have never found morphia given alone to do the attack very much good; but a benefit, even if only temporary, was obtained from the combination of morphia and atropine pushed to its full physiological effect. It would be a waste of time to add additional remedies that have, from time to time, been suggested.

The treatment which, in my hands, has never in a single instance failed, has been the application of the *spark* from the static machine. In the September number of the *Railway Surgeon* appears the following editorial:

"Our associate, Dr. W. S. Hoy, of Wellston, Ohio, reports a novel cure for this distressing ailment (hiccough). A patient had the attack for fifteen days without a moment's rest, day or night. Every means had been used to stop the paroxysm without good results. He was sent to Hoy Hospital, and one application of the spark from the static machine *instantly* stopped the attack, which has not returned in five days (now more than three months). In this connection attention may be called to the application of Laborde's method of traction on the *tongue*. While first introduced for drowning and other forms of asphyxia, Prof. Lepine, of Lyons, suggested its use in hiccough. Dr. Noir reports two cases in which this was tried with great success. The

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first case was a six and a half year old extremely nervous girl, who had violent spasms of hiccoughing lasting for as much as six hours. She became so much exhausted that her parents had given her up for dead. Traction on the tongue, however, for a minute and a half immediately stopped the spasm, and it did not recur. The second case was that of a cachectic patient affected with diabetes, who had been troubled for several days with severe hiccoughing. Every form of medical treatment had been tried without avail. Traction on the tongue was continued for about two minutes, with like favorable results. However, the spasms recurred after several days. The patient then practiced traction on himself."

It is a matter of strange recordation, that in a majority of all the cases occurring under the observation of one in an extensive practice, we find that the use of massage—severe friction or manipulation on any part of the under surface of the feet—will lessen the severity of the attack, and will often even stop it. The very first spark from the static machine will spend its force on the instep of one or the other ankles, and just as soon as the 8 to 10 sparks are thrown along the spine you will find the hiccoughs gone. I always, in conjunction with the static treatment, follow it with good "old-time doses of calomel." I know of no simple disturbance with which the physician has to deal that is so annoying, so disgustingly perplexing, as a case of persistent hiccoughs that has baffled every known means of medical warfare. I am, however, fully satisfied that in the vast majority of the more persistently severe cases, that quick and permanent relief will surely follow the application of the spark from the static machine.

Wellston, Ohio.

COLORS NECESSARY TO PAINT "BLACK EYES."

By Albert S. Ashmead, M. D.

For fifteen years I have used the following colors to paint black eyes, as recommended by my friend, the distinguished artist and engraver, William Edgar Marshall, whose studio is on Broadway: Zinc white, yellow ochre, Venetian red, permanent blue, black and Naples yellow.

New York.

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PLEA FOR "THE HORSE."

By S. A. Buchanan, M. D.

It is a noticeable fact that nearly every professional man has his hobby or fad, as you may term it, to divert his mind from his arduous duties imposed upon him by mankind. Some are given to flowers, some to photography, some to hunting and fishing, some to society, some to literature or music, others to animals, especially the dog or the horse, some to charity or philanthrophy.

Now, if there is one animal more than another that would demand my attention and sympathy, it is the horse. I speak of this because there is no class of men that realize the fidelity of such an animal more than the physician, especially the country doctor, who upon stormy, dark nights is dependent upon the sagacity and intuition of the horse.

The suggestions I give to you may be of no material benefit in a professional way, but indirectly and in a financial as well as a humane manner may be of some advantage. No one who has witnessed Bartholomew's trained horses can fail to recognize what degree of intelligence they are capable of attaining. In fact, they are taught to do almost everything that can be done by man.

Notwithstanding the fact that man has been given such a faithful servant to do his bidding, how frequently he is maltreated! Not so much by the average cart-driver, but by the "smart set" who cater to society's whim, and, I am sorry to say, some of the medical profession, who are supposed to be humane in the extreme. What is a sadder or more deplorable sight than to see a horse relieved of his caudal appendage, or docked as society terms it, especially when we consider the agony or pain to which he has been subjected in order to undergo the operation.

Well can we admire the sentiment or the example of His Excellency the President, when he refused to purchase a pair of horses because they were cobbed, as he considered it cruel and inhumane. Every society woman should refuse to ride behind a horse that has been cobbed; thus by showing her disapproval the cruelty would then be abolished. There is no mistake that such a barbarous practice affects the brain of the horse, for after the operation they do not possess the same degree of intelligence. I am glad to learn there is a law against this pernicious practice, and am sorry it is not more frequently enforced.

Another cruelty is the clipping of the horse in order to save

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a little extra labor in cleaning the animal. I have seen them shiver like the boy who has been rescued from the icy pond while skating. One of the latest and most painful tortures to which the horse has been subjected is the burrs, which is a circular leather pad, about two and one-half inches in diameter, the inside of which is studded with small brushes of stiff bristles, about three-eighths of an inch long, and in some instances with nails and screws. The burrs are placed within the check pieces of the bits with the spiked side next to the horse's cheek or the skin about the mouth. When the animal moves his head to either side the pain is said to be excruciating, and he champs the bit and keeps his head up and shows class and form in every move, which is the desired effect; in other words, makes him prance or brighten up.

No doubt society was horrified when it was learned through the agents of the Society for the Prevention of Cruelty to Animals that Elbridge T. Gerry, formerly president of the Society for the Prevention of Cruelty to Children, was guilty of such a penal offense.

It is gratifying to learn there is a law against such a barbarous practice, and there should also be one against the injection of cocain in running horses in order that they may be spirited. Another cruelty is placing a frosty bit in a horse's mouth. Just imagine putting your tongue to the lamp-post on a cold morning! In order to avoid this trouble with your horse have his bit covered with leather.

Philadelphia.

USE OF INSTRUMENTS IN OBSTETRICS.

By Thomas J. Hughes, M. D.

Obstetrics being an art which enters largely into the practice of every general practitioner of madicine, especially in the rural districts, I have often wondered why more isn't said through our medical journals upon the use of instruments in labor.

The tabulated indications given the student at college for the use of forceps loses a great deal of its distinctive clearness when reduced to practical experience at the bedside of a woman amid the writhing tortures of labor pains, exhausted by their severity and assuring all present that she cannot live to give birth to her babe. It is then that the young physician is likely to regret that he studied medicine, or wishes he knew when and how to apply instruments.

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My limited experience has led me to the belief that every case should be a law unto itself, and the frequency with which I have found it necessary to use instruments in the last four years, and hoping to get the experience of my professional brethren through the medium of the journals is my apology for submitting this article.

The sun-rise hours of the twentieth century dawns upon a generation of nervous, delicate women, subjects of fads and fashions which have transformed the once rounded and well-proportioned form into a figure resembling that of a wasp; resulting in a partial displacement of every organ situated in the abdominal and pelvic cavities.

Hence, we not only have weaker and more sensitive forces to perform the mechanism of labor, but are also confronted by a great many more obstacles to an easy and uninterrupted delivery, such as atony of the uterus, deformed or partially developed pelvis, malpresentations, etc., making instrumental interference more often necessary than in the days of our forefathers, and making a thorough and comprehensive knowledge of these conditions, and the use of instruments as an auxiliary to inefficient labor pains essential to the successful practice of obstetrics.

I believe that there is less danger in the judicious use of instruments than in hard prolonged labor. And I have never yet seen a case of ruptured perineum when the instruments were removed before the head passed through the vulva. The forceps should be removed just after the head passes through the bony outlet and the usual precautions taken to protect the perineum.

A report of the following cases may be of interest to some one:

CASE 1.—Mrs. M., age twenty-four; primipara; called family physician one afternoon, who found that the amniotic fluid had escaped; woman easy. On the third day I was called; found woman free from pain, except a continued backache, as she expressed it, which would not admit of rest in any position. I immediately proceeded to complete dilatation by introducing one finger after another, after which I applied the forceps and delivered her of a ten-pound boy. Mother and child both did well.

CASE 2.—Mrs. D., multipara, age thirty-three. Called and found woman complaining, but after examination decided that labor was not well under way and left giving orders to call me when she got worse, which they did two nights later. This time I found

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woman in labor, pains trifling. I rested first on one foot, and then the other (there being no clean place to sit down) until daylight, when, after using every available means and medicine to strengthen the pains with no effect, I prepared my instruments and delivered her of a healthy girl.

CASE 3.—Mrs. M., primipara; had been in hard labor under the brutal treatment of a granny woman three days when I was called. Found breech presenting, womb in a state of tonic contraction, child dead. After two or three unsuccessful attempts to apply the forceps to the breech I used the curved handle of my long forceps as a blunt hook in the groin of a thirteen-pound baby, and delivered her. I was exhausted, but the woman didn't seem to mind the operation, and made an uneventful recovery.

CASE 4.—Mrs. F., multipara, age thirty-six; was called in consultation; found woman unconscious; had been in labor about sixty hours, the water having broken at beginning of labor. Had never given birth to a living child. Examination revealed contracted pelvis. Craniotomy was immediately performed, and child taken; the operation was, however, at least twenty-four hours late; the woman didn't rally.

Saltville, Virginia.

OTITIS MEDIA.

BY B. A. WASHBURN, M. D.

This disease, as seen by the average physician, is many times considered of a trivial matter. That has been my experience. I have seen many of these cases when they have resulted in mastoiditis, and have been advised by the patients that their attending physician told them the discharge which was oozing from their ears was due to a hard cold, and did not amount to much. I want to say, gentlemen, that this may seem strange to hear such a remark, but you may not be surprised at this, when, not many months ago, I saw a case of mastoiditis in a child, and the mother told me that the doctor had her cut the child's beautiful head of hair off, as the weight of same was the cause of the otitis media and mastoiditis. The mother was advised to then put the child into the crib and keep her quiet. This was all the treatment the patient received. You can readily see the outcome or prognosis of this case, and every other case, when such ignorance is displayed by a physician.

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Invariably you will be told that their attending doctor seriously objects to have a surgeon called in, for he would operate, and when he does that the result is a dead patient (?). Hence, gentlemen, you can see how the check-rain is tightened on a progressive physician by having to contend with a doctor of that caliber, and patient likewise.

I want to say that the minute a case of otitis media points toward a development of mastoiditis, *use the knife*, and don't put it off.

If there is a doctor in our profession who is so jealous of a man who is his superior, and who feels that it will lower him a round on his ladder to condescend, in his *opinion*, to call a surgeon, the best thing for him to do is to go back to school and finish up on his short-comings.

On examination you will find either the drum bulging, due to the accumulation of fluid in the middle ear, or the same with a perforation and a discharge following. Then you will find also that the walls of the external canal are inflamed and irritated by the discharge from the middle ear being allowed to accumulate and producing this inflammation.

Now, if on examination your patient has a bulging of the membrana tympani, and no perforation, don't allow him to go day after day suffering, because you either do not know how to do your work or are afraid to perforate the drum. Take your knife that is used for performing a paracentesis and open the drum near the posterior floor of the canal, so as to allow as perfect a drainage as possible. After doing this use your probe and cotton and thoroughly clean the canal. There is a great deal in knowing how to place your cotton on the probe. It is not necessary to have a whole roll of cotton on the probe, as I frequently notice some doctors do. About as much cotton on the probe as would represent half the diameter of the canal, then you can insert the proble all along the canal without producing pain; but if your cotton is bulky your patient will jump before you have inserted your cotton half way, and will not allow you to proceed further. The impression you will make on the patients is that you are rough, and that the treatment is as severe as the pain which they suffer, and as a result they will seak treatment elsewhere. These things, gentlemen, all have a bearing on your success, of as little importance as they may seem to have.

Now, one thing: *do not inject a solution in the ear expecting*

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to clean the cavity, for as sure as you do you will force the solution through the perforation, causing more pain. One of the objects of your treatment is to evacuate or empty the middle ear by making your perforation of the membrana tympani. This done, you will relieve your patient. Now, if you inject a solution you will undo what you have already done for the relief of your patient. Therefore, be careful; keep the ear perfectly clean and apply powder dressing. Now, I do not mean to throw a dram of powder into the ear, but just enough to cover the wall of the external auditory canal; apply your cotton so as to absorb the discharge, and you will find that with this careful treatment, and noting such conditions as present themselves, you will meet with success.

Wickliffe, Kentucky.

THE BRYAN RATIO OF 16 TO 1.

S. F. Wehr, M. D., of Belleville, Illinois, late surgeon U. S. A., writing, says: "For upwards of ten years I have been using and prescribing sanmetto for almost all kinds of genito-urinary troubles. I have never found anything its equal. In chronic cases of gleet it cannot be excelled. In all kidney troubles its action is fine, relieving the backaches, etc. I could not get along without keeping it upon my dispensing shelf. Hundreds of empty bottles are in my cellar I would exchange for filled ones at the Bryan ratio of 16 to 1. So much for sanmetto."

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THE ST. LOUIS MEDICAL ERA.

PUBLISHED MONTHLY.

S. C. MARTIN, M. D., - - - - - - - EDITOR AND OWNER.
Professor of Dermatology, Barnes Medical College.

S. C. MARTIN, JR., M. D., - - - - - - - - - - ASSISTANT EDITOR.

CLARENCE MARTIN, M. D., - - - - - - - - - - BUSINESS EDITOR

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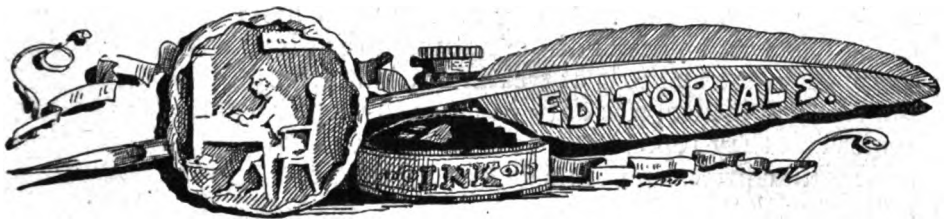

PHILOSOPHY IN MEDICINE.

Philosophy applied to medicine means science in its widest sense. It means a knowledge of phenomena as revealed by causes, reasons and laws. It means also the co-ordination and practical application of rational methods in the ascertainment and treatment of disease. Disease is simply inharmonious action of one or more organs, due to abnormal condition or structural change. It is a complex phenomenon, far-reaching in its manifestations. The continuous functional derangement of nerves may lead to structural change in the organ to which they are distributed, and an endless chain of morbid action may be started which ultimately wrecks the health or life of the victim. In this way invalids are multiplied in every community. They do not realize that there is both a complexity of organism and of disease for which alchemy has never yet provided a panacea.

Many thoughtless physicians as well as laymen view disease in the abstract instead of the concrete. Their diagnosis too often rests on a single idea or a hurried conclusion. The single idea principle also formulates the treatment.

Philosophy, on the other hand, is broad and contemplative.

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It takes time to survey the field. It gets all of the pertinent facts and carefully weighs them, and finally reaches safe conclusions. It ignores dogmas and devices which are unsupported by substantial evidence. It "proves all things and holds fast that which is good."

With all the grand achievements of medicine and all the glory that crowns its immortal work in behalf of disease-burdened humanity, it has always been lacking in that kind of philosophy which would separate useful from useless resources and utilize them in the upbuilding of a medical organization which would collectively produce such results as to disarm criticism, banish ridicule and command the admiration of all classes of society. Where three equally intelligent physicians separately visit the same patient on the same day and give to his friends three entirely different opinions of the nature of the disease, and three entirely different methods of treatment, is it strange that these people lose confidence, not only in these three physicians, but in the profession they represent? Is it strange that they should ridicule the regular profession of medicine and turn to "*Similia Similibus Curantur*," "Christian Science" or "Osteopathy"? If we were more philosophical in the investigation of disease and more philosophical in our choice of the remedies for its treatment, we would be more apt collectively to pursue parallel than divergent lines in our practice. This would soon restore public confidence in the trustworthiness of our calling.

Isolated facts and single ideas are important constituents of the armamentarium of medical science, and we do not desire to underrate their value, but we would wish to see them wisely employed improving and solidifying a medical organization that will command proper recognition in every stratum of society and every branch of national and local government. Without a thoroughly representative organization, methods of study and methods of practice will be as divergent as the different paths of an inharmonious profession. No authority except that of the individual exists, and consequently each member of the profession formulates his own rule of action in his special line of work. We have national, state and local medical associations which in many respects are very useful, but as not more than ten per cent. of the profession belong to these bodies, they cannot in any sense be regarded as representative of the medical profession. The medical profession should hold a national convention every year

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composed of delegates elected by the rank and file of the guild. Such a body could speak with authority on all scientific, educational and economic questions. Solidarity and homogeneity can only be attained in this way, and until they are attained medicine will always remain an insignificant factor in the world's affairs.

Dogmas and theories based on the narrow foundations of a single idea have handicapped medicine from its earliest dawn. By way of illustration we may call attention to a few which now occur to our mind, namely, the humoral dogma, methodism, empiricism, eclecticism, microcism, iatro-chemical, iatro-physical dogmas, John Fernel's dogma that "contrary cures contrary," and Hahnemann's that "like cures like." To these lately have been added "Christian Science" and "Osteopathy." Anatomy, physiology, chemistry, pharmacy, the laboratory and auxiliary sciences, it is true, have done much towards eliminating from medicine many of such vagaries, but the single idea still dominates a large number of the members of our profession. Brown-Sequard's elixir of life, it will be remembered, not many years ago attracted widespread attention for a time, but finally disappeared. Salt as a rejuvenator soon followed and died out. Dr. Metchnikoff has been for some time trying to prolong life by destroying the "old age microbe," and now claims he has discovered the cause of hair turning gray, in a bacillus which devours the pigment. He calls this bacillus "pigmetophagus," and is devising a means of destroying it. Prof. Loeb, of the University of Chicago, claims he is in a fair way of destroying the "death microbe." Prof. Lombard, of the University of Michigan, has located the soul in the spinal column. His discovery is based on experiments with frogs. Now all these men should be encouraged in their investigations, but they should not be dominated by a single idea and get into the habit of going off half cocked. We have an abundance of philosophy and philosophers in the medical profession, but they are too little in evidence when council is needed. Prof. Virchow is however an exception. He is a philosopher who illustrates his philosophy and pricks every bubble as soon as he sees it.

OBSTETRIC INSTRUCTION.

The rapid growth of medicine in recent years, and its intimate relation to the collateral sciences has broadened and complicated the field of labor for the medical student. In order to suc-

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cessfully cope with the variety and magnitude of the work before him, a more thorough preliminary training, and a lengthened course of medical instruction, is now required in all reputable medical schools. But even now with four years of study and three courses of lectures, the most capable and diligent student is inadequately prepared for the practice of medicine. His theoretical knowledge is desultory and incomplete, while his clinical instruction is very much outside the line of work which confronts him in the very beginning of practice. The most delicate and difficult surgical operations and the most unusual diseases are the only clinical cases in which the average student takes any interest. He knows practically nothing about the work he must take up.

Among the more important branches of medicine in which the student acquires very little, if any, practical knowledge while an undergraduate, is obstetrics. The writer not long since in passing along the street in this city noticed the sign of a young physician whom he knew, hanging side by side with that of a midwife. They occupied the same office. On asking the doctor why he formed such a partnership, he replied: "I want her to teach me how to manage a case of labor. I expect to have a good deal of this kind of work, but know practically nothing about it." This same young doctor felt that he was fully prepared to operate on the appendix as soon as some unfortunate victim of a bad case of colic should fall into his hands.

What we need in all our schools is a more practical clinic for advanced students; and every student should be required to take part in such clinics and demonstrate a practical familiarity with such medical, surgical and obstetrical cases as will more commonly come to him in the beginning of his practice. More especially should he be prepared to render satisfactory service in emergency cases. The woman in labor very often requires the services of the nearest doctor, and before he nails up his shingle he should be prepared to render efficient service in both normal and abnormal cases of labor. No medical student should receive his diploma without having attended at least five or six cases of confinement. This country is behind all others in this branch of medical instruction. Over twenty years ago the minimum number of accouchements the student was required to conduct before receiving his diploma was two in Hungary, four in Germany, four to thirty in England according to the title accorded, and ten

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normal and two abnormal in Holland. In these countries now, students are required to conduct this work under strict aseptic and antiseptic rules, and are also required to give proper attention to the needs of the newborn child.

EPITHELIOMA.

An early recognition of this disease is all-important. It is at first entirely a local affection and its growth is one of the vagaries of the epithelial cells which we have yet never been able to fathom. But one thing we do know, if it is not tampered with by the use of inefficient cauterization, but wholly removed by the knife before deep infiltration and involvement of the lymphatic glands occur, it does not return.

How are we to know we have to deal with a malignant growth? If a suspicious-looking wart or waxy nodule appears on the nose or face or other parts of the skin and pursues a suspicious course, and on the central portion a crust forms, later a superficial ulcer with an indurated border, the nature of the little tumor is sufficiently revealed and extirpation by the knife the only certain remedy. Whether the variety is superficial, deep-seated or papillomatous, in the end it is the same. Its slow or rapid growth is never arrested, nor is there ever a spontaneous cure. The superficial variety is painless, and perhaps from that fact is not suspected of malignant tendency. The slow and insidious growth of this variety also allays the fears of the patient and postpones timely treatment. When the mucous membrane is invaded this disease assumes a much graver aspect and is much more difficult to reach with the knife. The physisian who fails to recognize this disease in the initial stage, or neglects to sound the alarm to his patient, is unworthy of his high calling, for not only the health but the life of his patient is at stake.

So far as treatment is concerned it should be apparent to all that cauterization is not the proper remedy. It either goes too deep or not deep enough. In either case it is bad practice, for if it does not go deep enough to completely destroy the growth it is useless, and if it goes too deep it destroys tissues and inflicts injuries which, at least, interfere with speedy recovery. The argument in favor of arsenic in the form of Marsden's paste and pyrogallic acid is that they are selective in their action, destroying only the unhealthy tissue without inflicting injury on the

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healthy tissues. In my opinion this is a fallacy, and besides it causes unnecessary pain to the patient, which alone is enough to brand it as barbarous practice. It is difficult to understand how such high authority as that of Kaposi can endorse such methods, for ordinary common sense teaches that excision is the best procedure in all operable cases.

ANTIKAMNIA AND HEROIN TABLETS IN PREVALENT GRIPPAL CONDITIONS.

Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Georgia, in a recent article, states that the comparatively new combination of drugs, antikamnia and heroin tablets, which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract which are accompanied by dyspnœa and spasm, namely, asthma, bronchitis, laryngitis, pneumonia, phthisis, whooping-cough, hay fever, la grippe, etc. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains five grains of antikamnia and one-twelfth grain heroin hydrochloride. One tablet was followed by a rapid diminution of pain, and after the third tablet the pain entirely disappeared. In treating the affections enumerated above, the dose is one tablet every two, three or four hours, according to indication.

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THE FOUR EPOCHS OF WOMAN'S LIFE. A Study in Hygiene. By Anna M. Galbraith, M. D., Author of "Hygiene and Physical Culture for Women;" Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo volume of 200 pages. Philadelphia and London: W. B. Saunders & Company. 1901. Cloth, $1.25, net.

Women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern their physical being, and to feel keenly the necessity for instruction in the fundamental principles which underlie the epochs of their lives.

This is pre-eminently the day of preventive medicine. The physician who can prevent the origin of disease is a greater benefactor than he who can lessen the mortality or suffering after the disease has occurred. Any contribution, therefore, to the physical, and hence the mental, perfection of woman should be welcomed alike by her own sex, by the thoughtful citizen, by the political economist, and by the hygienist.

In this instructive work are stated in a modest, pleasing and conclusive manner those truths of which every woman should have a thorough knowledge. Written as it is for the laity, the subject is discussed in clear, comprehensible language, readily grasped even by those most unfamiliar with medical subjects. A valuable and commendable feature of this handy volume of instructive information is a comprehensive glossary of those medical terms necessary to a thorough understanding of the subject under discussion. Without doubt it is a book that should receive the thoughtful consideration of every woman.

SAUNDERS' QUESTION-COMPENDS—ESSENTIALS OF PHYSIOLOGY. Prepared especially for Students of Medicine, and arranged with questions following each chapter. By Sidney P. Budgett, M. D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo volume of 233 pages, finely illustrated with many full-page half-tones. Philadelphia and London: W. B. Saunders & Company. 1901. Cloth, $1.00, net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question-Compends. It aims to

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furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text-book. The subject of physiology is covered completely, and the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well-selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all the illustrations are full-page halftones, and have been selected with especial thought of the student's needs. In every way the work is all that could be desired as a student's aid.

AN EXPERIMENTAL AND CLINICAL RESEARCH INTO CERTAIN PROBLEMS RELATING TO SURGICAL OPERATIONS. An Essay awarded the Alveranga Prize for 1901 by the College of Physicians of Philadelphia. By George W. Crile, A. M., M. D., Ph. D., Professor of Clinical Surgery, Medical Department Western Reserve University; Surgeon to St. Alexis Hospital; Associate Surgeon to Lakeside Hospital, Cleveland. Philadelphia: J. B. Lippincott Company. 1901.

The above essay on clinical research in relation to surgical operations covers a very interesting and hitherto unexplored field. Surgical physiology is equally as important a branch of scientific surgery as anatomy, and its application to surgical problems is thoroughly demonstrated by the author. The important part that the nervous and vascular system takes in vital processes is clearly elucidated by the author in his elaborate, painstaking experiments on animals and the clinical application of discovered facts in surgical operations. The author's experimental researches, although of a philosophical trend, have developed principles and facts which are susceptible of practical application in the daily work of the scientific surgeon. The pages devoted to physiologic action of cocain and eucain especially will be read with much interest by all who are interested in the subject of anesthetics.

A TREATISE ON THE ACUTE INFECTIOUS EXANTHEMATA. Including Variola, Rubeola, Scarlatina, Rubella, Varicella and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M. D., L. R. C. P., London, Professor of Dermatology and Syphilology in Western Reserve University. Illustrated by 12 colored plates, 28 half-tone plates from life and 2 engravings. Pages, viii–392; size, 6¼ x 9¼ inches. Sold only by subscription. Price, Extra Cloth, $4.00, net, delivered. Philadelphia: F. A. Davis Company, Publishers, 1914–16 Cherry street.

As a treatise that deals with a special class of eruptive diseases this book will take high rank. The author discusses his

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subjects briefly, but with unusual force and logic, especially with reference to diagnosis and treatment. The need for a practical treatise on the acute infectious exanthemata is felt by every physician in general practice, and particularly one which illustrates the subjects by accurate description in the text as well as life-like plates. The inability of physicians to agree in the diagnosis of the recent mild form of small-pox so generally prevailing throughout the country proves conclusively that this book is needed by the rank and file of general practitioners. The average doctor's early training was unassociated with clinical instruction in this class of diseases, and this excellent book will in a great measure fill up the gap in his medical education.

Jonathan Hutchinson, F. R. S., general secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the society. The New Sydenham Society was established in 1858 with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership in order to extend its work.

THE PUBLISHER'S DESK.

THERAPEUTIC INDICATIONS.

In headaches from indigestion or constipation, one of the most agreeable and efficient remedies is the Aperient saline (Wm. R. Warner & Co.). This is a granular effervescent salt, actively aperient, refrigerant and acceptable to the stomach. Give a tablespoonful in half a glass of water and repeat as often as necessary.

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In reflex neuralgic headaches the granular effervescent antipyrine (Wm. R. Warner Co.) will give grompt relief. Each heaping teaspoonful contains five grs. of antipyrine. Give a teaspoonful in a wineglassful of water and repeat at short intervals until patient is relieved.

In neuralgic headaches associated with a gouty or rheumatic diathesis, prescribe the antalgine saline (Wm. R. Warner & Co.). Each dessertspoonful contains four grs. of Antipyrine and four grs. of salol. Give a dessertspoonful as often as case requires.

In acute gonorrhœa, for internal treatment, prescribe Cubeb comp. ℞ B. (Wm. R. Warner & Co.) tablets. One tablet every two or three hours.

For injection use the following:

℞ Potass. permang. (Wm. R. Warner & Co.) ..... gr. j
Distilled Water ..... ℥ iv
M. ft. sol. and inject three times a day.

When the discharge becomes mucoid, increase the strength of solution to one grain for each ounce of water and use by irrigation.

ECTHOL is widely recognized as an antipurulent adapted to all purulent diseases, especially of the skin. It has been highly recommended in small-pox, and as this disease prevails extensively throughout the country, physicians who have this disease to treat would do well to try it. Write to Battle & Co., St. Louis, for a sample and pamphlet containing clinical reports of its therapeutic effects in this disease.

WE CALL the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Kentucky, which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

THE TREATMENT OF NASAL CATARRH.

Mannon (*Cincinnati Lancet-Clinic*) finds no danger whatever from the use of the nasal douche provided ordinary care is taken and a proper solution is employed. The charge that post-

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nasal douching is prone to excite inflammation of the middle ear he does not find sustained. All leading specialists employ this method of treatment in the posterior as well as the anterior nares with equally good results. The doctor has had chronic nasal catarrh of many months' duration yield to douching when heroically employed. Listerine to which a small quantity of bicarbonate of soda has been added is his main stand-by. If hemorrhage is a controlling feature he uses instead a saturated solution of tannic acid to each ounce of which ten grains of carbolic acid has been added. When the tendency to bleed ceases he returns to the listerine solution. Treated in this way the most pronounced cases yield in three or four weeks and are not prolonged by complications or sequelæ.

AN UP-BUILDER IN POST-GRIPPAL CASES.

Very many of our readers know, by reputation at least, Dr. A. H. Ohmann-Dumesnil, one of the foremost physicians of St. Louis. From a letter of recent date we are permitted to quote the following, which we do with pleasure: "I needed a reborrant, and took, with much benefit to myself, Hagee's cordial of cod-liver oil compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered. It is certainly the remedy par excellence for this now prevalent affection.

In a number of post-grippal cases in which enteric neuralgia, bronchial involvement, and a number of nervous symptoms manifested themselves, I have found this preparation equally effective. It is an excellent up-builder, and rapidly restores to its former condition the weight which has been diminished by the waste of tissues consequent to grippe."

This is certainly very high praise and from an eminent authority.—*Massachusetts Medical Journal.*

I HAVE NO hesitation in saying that I consider Peacock's bromides invaluable and have for years used it exclusively in my sanatorium when bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in

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substitution. I now only buy from my wholesale druggist in dozen lots. ALLAN RING MOTT, M. D.
Arlington Heights, Massachusetts.

I AM MORE than pleased with the physiological action of seng in the treatment of chronic indigestion. It seems to nicely restore the action of the stomach, re-establish perfect digestion and its good effect is quickly evidenced by the general improved appearance of the patient. J. CARL LUDWIG, M. D.
Cincinnati, Ohio.

MOSQUITOES AND MALARIA.

BY B. F. GAMBER, M. D., F. R. M. S.,
Lecturer on Hæmatology in the Cleveland Homœopathic Medical College.

Within the last few years we have learned to know a very common ailment to be a blood disease. *It is malaria.* We now know exactly what causes the disease, and no scientific physician will to-day venture to affirm or deny that a doubtful case presenting the symptoms of malaria is of that nature without a microscopic examination of the blood for the purpose of finding malaria parasites.

We not only know that malaria is due to the parasite in the blood, but we also know how they get there, thanks to the investigations of an English physician named Manson.

Manson and Ross showed that it was through the bite of the mosquito that malaria is contracted, and that instead of arising from a mysterious miasm it has a very tangible and evident cause in the little pest with which we are all familiar.

However unpleasant each of the two hundred or more different species of mosquito with which we are familiar may be to us, only one form has thus far been found to be the offender that brings us malaria in its sting. Wherever malaria is found this species has likewise been discovered. The malaria mosquito has a basso voice; whereas the ordinary one sings tenor. As was well put by Dr. Stiles, of the United States Agricultural Department, "the villain of the play has a bass voice."

Ross has found that when the mosquito has bitten an individual in whose blood the germ is present, the latter develops in the body of the insect, giving rise to innumerable minute needle-shaped spores or eggs, that pass into its poison sac, to be injected

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into the unfortunate individual it stings. These spores then develop in the blood to full-fledged plasmodia and the malaria is communicated. The eggs can develop in the body of the mosquito only when the surrounding air has a high temperature, and die when it becomes cold. This is the reason why malaria is never contracted during the winter months.

During the daytime the mosquito remains concealed in crevices and corners, but when the sun sets it merrily wanders forth, armed with its sting and loaded with its malarial poison.

During the last season scientists have conducted a series of self-sacrificing experiments to prove the correctness of this doctrine.

Upon the Roman Campagna, in the most deadly malarial region of Italy, a number of investigators have lived for several months in a hut specially constructed with wire netting, so that no mosquito could enter. They have inhaled the same air and have drunk the same water as those around them who have contracted the disease, and yet every one of them has escaped the contagion, merely because he could not be bitten by the mosquitoes. But a stronger proof even than that afforded by the negative evidence thus obtained was given by the son of the celebrated Dr. Manson. A number of mosquitoes were permitted to bite malarial patients in Rome. These malarial-laden insects were carried to London and there were caused to bite Dr. Manson the younger, who had never had the disease. In six days chills and fever developed and the plasmodium was found in his blood.

The method of eradicating malaria from any region, then, is a very simple matter. In consists of accomplishing two very easy tasks. First, curing every case with the proper dose of medicine, and, secondly, of exterminating the mosquito by draining the pools and by covering those that cannot be so treated by coal oil and preventing the growth of the wigglers. Surely, when we remember the loss of life and health that is entailed by the plasmodium, the efforts seem well worth the trouble.

The regularity with which this parasite is found by all practiced observers leaves no doubt that they are to be found in every case of malaria.

In certain forms of this disease in which these parasite retire to the internal organs, the most marked evidence of th

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disease may be found in pigmented *debris* and the characteristic loss of hemoglobin. Its percentage of loss is sometimes equivalent to one-half of the original amount, in forty-eight hours. The loss is so great that its restitution is an absolute necessity in order that life may continue. To bring about this result we have found nothing better than pepto-mangan ("Gude"), which in a number of cases has served us perfectly. By the administration of this remedy we have prevented the occurrence of the characteristic cachexia which so often develops in persons living in malarial districts. This remedy we have found to be all that is necessary.

NOW IS THE RIGHT TIME for every physician who needs an operating table or chair to look over our advertising columns. Prof. Alexander Hugh Ferguson's combined table and chair, entirely of metal, with leg holders, stirrup, irrigating outfit and head rest, perfect in all of its equipments, can be obtained at a surprisingly low figure. For further information write to Frank S. Betz & Co., 35 Randolph street, Chicago.

A LESSON FROM THE MASTERS.

The study of the practice and teachings of the really great men in medicine is a fruitful source of knowledge and practical guidance in the management of disease. Two principles are clearly recognizable. First, that nature possesses the ability to successfully combat the acute infectious diseases without the necessity of resort to powerful drugs for the relief of symptoms; second, that treatment is most successful which is most simple and which has for its object the reinforcement of nature's methods of antagonizing the encroachment of the disease processes. The application of these principles constitutes the most successful methods of treating influenza, pneumonia, bronchitis and the numerous winter diseases associated with inflammation of the respiratory organs.

One method of treating these conditions is by administering a powerful and, in truth, a depressing drug for practically every symptom—*e. g.*, opium in some form to control cough, a cardiac and metabolic depressant to reduce fever, stomach-disturbing remedies as expectorants, etc. This plan of treatment is, authorities assert, antiquated, irrational and ineffective. On the contrary, it is a matter of absolute fact, proven by experience,

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that if a patient with pneumonia, influenza, severe bronchitis, is properly nursed, given adequate easily assimilated nourishment and be given Gray's glyc. tonic comp. in dessert to tablespoonful doses every three or four hours, that patient will withstand the attack much better and be surprisingly free from the pronounced depression which accompanies and succeeds these diseases. This plan of treatment has also the great advantage that the patient is spared the baneful effects of excessive drugging.

Gray's tonic not only fortifies the patient's strength, aids digestion and assimilation, but has an unquestionable influence in palliating the symptoms of respiratory inflammation. The Purdue Frederick Co., 15 Murray street, New York.

IN ECZEMA and nearly all other skin diseases, Unguentum resinol is justly a popular remedy. Its range of usefulness is unlimited. In the acute stages it is a soothing antiphlogistic and antipruritic, while in the chronic stages with infiltration and thickening of the skin, it serves as a convenient base for any medicinal substances that may be indicated.

AS A SAFE AND EFFICIENT ANTISEPTIC, Listerine still maintains its firm hold on the profession. In general and special practice it is equally serviceable as an internal and external therapeutic agent. Its strongest recommendation consists in its almost universal applicability to all the branches of medical science.

*THE TREATMENT OF NASAL CATARRH BY THE GENERAL PRACTITIONER.**

BY EUGENE C. UNDERWOOD, M. D.,

Surgeon B. & O. S. W. R. R.; Surgeon K. & I. B. Co., Etc.

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple, and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally seen, and is char-

* Abstract from *St. Louis Medical and Surgical Journal*, July, 1901.

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acterized by a thick, mucous discharge from the nose, great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache, and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick, purulent discharge, and the expulsion of discolored crusts and an offensive putrid odor. The sense of smell is impaired, and the patient is weak and anemic.

The mucous membrane is dry and glazed, but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any co-existing disease or morbid state. In some cases where there is occlusion by exostosis the resources of surgery must be invoked.

Let me examine more in detail the treatment of the types of nasal catarrh.

In simple chronic hypertrophic rhinitis the results of treatment will be most flattering. In a case attended with no constitutional disease nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take twenty drops of balsam of copaiba four times daily. The hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membranes is speedy, and is not equaled by any other drug I have ever used. When the patient is anemic, I have him take iron, and any other drug is used when it is called for by any associated disease or morbid condition, but the hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The hydrozone at once overcomes the offensive odor, and takes off the purulent crusts.

These cases must be treated with cod-liver oil, iron and such other remedies as will bring up the general health.

Here are a few clinical histories:

Mr. R. H. M., age sixty, had been a sufferer for two years.

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There was no exostosis, but when he had a cold he could breathe only through his mouth. He was in good general health, so I had him buy an atomizer and use a spray composed of equal parts of distilled water and hydrozone. He sprayed the mucous surface of the nose every three hours. On this he made rapid improvement and in three weeks had no further symptoms.

S. M. T., age eighteen, had chronic hypertrophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the hydrozone and water spray, and took fifteen drops of balsam copaiba three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

Mrs. R. J. C., age forty-nine. This lady had atrophic rhinitis, and as soon as she came near you the putrid odor asserted itself. Her general health was lowered. I had her use the hydrozone and water spray and take cod-liver oil internally. She spent last winter in Cuba, and has just gotten home, greatly improved in general health, and her catarrhal disease is better.

She says the spray effectually destroys the disgusting odor and that scarcely any discharge now appears.

I expect to see this patient entirely well in several months.

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TREATMENT OF ACNE.

Brownlie (*New York Lancet*, May, 1901) finds that ichthyol is very beneficial both in acne vulgaris and acne rosacea. The best results are obtained when external and internal treatments are combined. In some cases of acne rosacea in which the skin is too thin and irritable to bear even weak solutions, the internal

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administration of ichthyol alone, with steaming, will be sufficient.

Brownlie generally begins with five grains of ichthyol thrice daily after food, increasing the amount to ten grains. Every night and morning the face is steamed for fifteen minutes, and is then washed with ichthyol soap. The lather is allowed to dry on the face, after which it is gently washed off with water. After each washing ichthyol salve, if it can be borne (often combined with ammoniated mercury), is applied.

In acne vulgaris, after steaming, strong sulphur and ichthyol soap is used with brisk rubbing with a flesh-glove.

The diet is regulated. Ichthyol itself relieves mild cases of constipation; but if it does not, a compound pill of iridin and euonymin or podophyllin may be given.—*Monthly Cyclopedia*, July, 1901.

FIRST SYMPTOMS OF ACQUIRED SYPHILIS.

Deschamps (*Bull. de l'Acad. Royale de Med.*, No. 3, 1901) states as the result of his observations:

(*a*) That syphilis, from the moment the virus begins to act at the site of the primary sore, takes in its evolution exactly the same course as the vaccinia: (1) Itching, sometimes intolerable, but never absent; (2) diffuse redness, sometimes confined to a small area, at the same time as the pruritus; (3) the formation of a small, reddish papule; (4) then a vesicle, a little larger than the papule, the liquid from which soon dries and forms a scab; (5) next a pustule which is surrounded by a small inflammatory area—then follows healing as in vaccinia; (6) on this follows a depressed wound, with a protruding border and induration; (7) finally the typical indurated chancre.

(*b*) That the abortive treatment should prove successful if instituted at the onset; it has proved efficacious even when instituted as late as the vesicle period.

(*c*) The abortive treatment is absolutely useless, as experience has shown, when instituted in the pustular period.

(*d*) That reinoculation alone may possibly make this demonstration of the abortive treatment absolute.

TREATMENT OF INTESTINAL OBSTRUCTION WITH THE BELLADONNA PREPARATIONS.

Gathgens (*Muenchener Med. Woch.*, April 23, 1901) reports the case of a woman, aged sixty-four years, that presented

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herself for treatment with the characteristic symptoms of acute obstruction. She was immediately given a hypodermic injection of .003 grain of atropine sulphate; this was followed six hours later by a second injection of .002 grain of atropine. Three hours later the patient passed wind and feces. On the following day, as the patient complained of pain in the left iliac region, with some stiffness of the rectus muscle on this side, she was given .015 grain of the extract of belladonna every four hours. After six doses the rectus muscle entirely relaxed, and the patient had a large stool. On the following day she spontaneously passed feces and flatus, and soon afterward was discharged cured.

SLEEPLESSNESS IN HEART DISEASE AND ITS TREATMENT.

Inability to sleep should always demand the care and attention of the physician to his patient. C. C. Gibbs, writing in the *Kansas City Medical Record*, says that the treatment that is specially required to prevent the recurrence of sleeplessness in heart disease may be summed up thus:

1. Correct as much as possible any constitutional tendency to sleeplessness.
2. Minimize as much as possible the correct amount of work required of the heart.
3. Improve the tone of the heart muscle.
4. Treat complications as they arise.—*Indian Lancet.*

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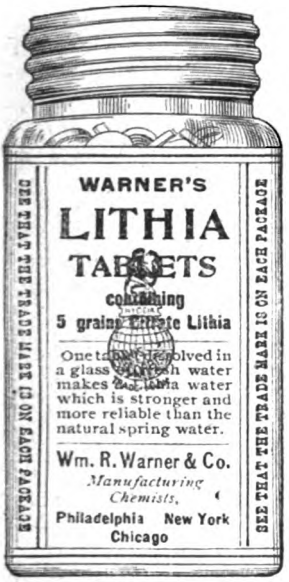
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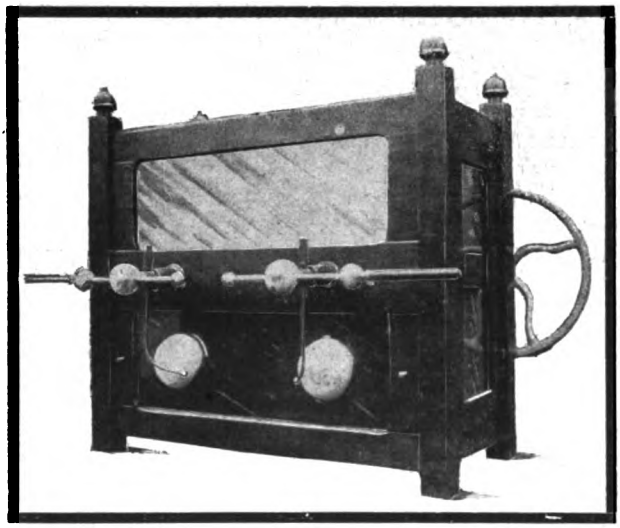

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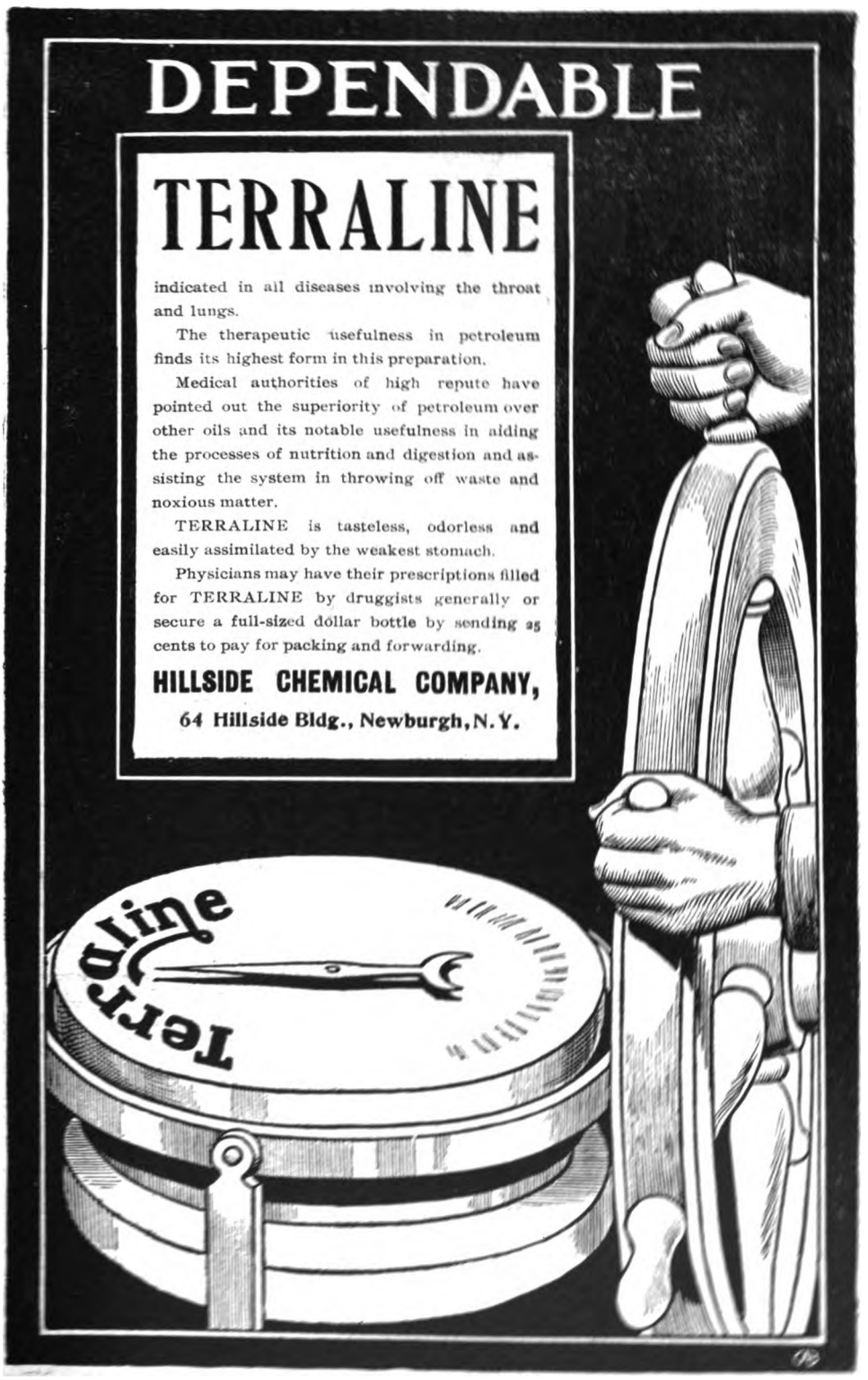

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